



The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Application for Complaint

In order to file a complaint against a person licensed by the Department of Public Safety, this form must be filled out completely and submitted to the Department. Submission of a complaint will not automatically result in a hearing against the licensee. Filing a complaint with the Department will not result in a monetary award to you. This complaint may result in disciplinary action against the person's license. You will be notified in writing of any hearing scheduled relative to the individual named in your complaint. Please refer to the Department of Public Safety website (www.mass.gov/dps) prior to filing a complaint to ensure that the circumstances of your case fit within the prerequisites for filing a complaint.

1. Identify the type of license held by the individual that has aggrieved you (please circle one):

1. Ticket Reseller
2. Public Warehouseman
3. Amusement owner/third party inspector/certified maintenance mechanic
4. Oil burner technician
5. Sprinklerfitter
6. Tramway operator
7. Elevator mechanic/operator
8. Boxer, promoter, manager, trainer
9. Pipefitter
10. Refrigeration technician
11. Engineer/fireman
12. Nuclear power plant operator/supervisor
13. Pressure vessel/boiler inspector
14. Hoisting operator
15. Horse drawn carriage operator
16. Motion picture operator

2. Name and license number of individual that has aggrieved you:

3. Your information:

Name: _____

Address: _____

Telephone #: _____

Email: _____

4. Please provide a detailed description of the acts or omissions committed by the licensee that lead you to file this complaint. When possible, please cite to the applicable section of the Massachusetts General Laws. You may attach a typed narrative in lieu of completing this section.

5. Please attach any documents that you would like to have considered as part of this complaint. For example:

- Copies of cancelled checks or receipts for payments to the licensee
- Photographs
- A copy of the contract
- Copies of any relevant court judgments or documents
- Copies of any correspondence with the licensee, or any other party, regarding the contract or the complaint

6. *I hereby affirm under the pains and penalties of perjury that the information contained in this complaint package is true and accurate to the best of my knowledge and belief.*

Signature

Date

7. Please mail the complaint package to:

Department of Public Safety
License Complaint
One Ashburton Place, Room 1301
Boston, MA 02108